Employer: _____

Payroll Employee Setup

Personal

Employee Name

First

Last

Email

Mobile Phone

Employee Portal Access

☐ Off ☐ On

Home Phone

Street Address

City

State

Zip Code

Social Security Number

Birth Date (xx/xx/xxxx)

☐ Male ☐ Female

Employment

Employee Type

☐ Full Time ☐ Part Time ☐ Temporary ☐ 1099 Contractor

Hire Date (xx/xx/xxxx)

Employee Status

☐ Active ☐ Inactive ☐ New Hire ☐ Terminated

Work Location

Employer: _____

Pay Type

☐ Hourly (hours, center per mile, units)

Hourly Rate	Overtime Rate	Other Rate

☐ Salary

Per Check	Annually

State Tax Information

☐ Single ☐ Married # of Allowances Extra Withholding

$

Federal Tax Information: Only complete **ONE** section (a) or (b), based on the W4 your employer has on file for you.

(a) **2019 or older W-4 Form**

☐ Single ☐ Married # of Allowances Extra Withholding

$

(b) **2020 or newer W-4 Form**:

☐ Single or married filing separately ☐ Married filing jointly ☐ Head of Household

Multiple Jobs or Spouse Works ☐

Claim Dependents W-4 Step 3	Other Income W-4 Step 4 (a)	Deductions W-4 Step 4 (b)	Extra Withholding W-4 Step 4 (c)
$	$	$	$

Deductions

Deduction Name	Deduction Type	Pre or Post Tax	% or $ Amt